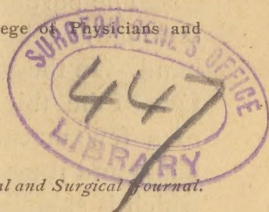


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DISSEMINATE
PARASITIC PERIFOLLICULITIS.

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After a pretty thorough examination of the principal works on dermatology, which pretend to be complete treatises, I have failed to find mention of a group of symptoms observed by me a number of times. The constant presence of certain well defined lesions, accompanied by the same subjective symptoms has led me to look upon it as a distinct disease; and it is on this account that I take the opportunity of describing it, choosing as a name (for want of a better appellation) *disseminate parasitic perifolliculitis*. It shares somewhat in the nature of sycosis and seems to resemble the bacillogenic form more than any other, on account of its superficial character and the readiness with which it yields to therapeutic measures which are applied in a rational manner.

A brief description of this trouble may be summarized as follows: The first symptom noticed is a burning of the skin, accompanied by more or less itching. An examination of the affected part shows that small red macules, of the size of a pin's head, more or less aggregated, are present. In the centre of each one of these macules is a rather coarse lanugo

presented by the author

hair. The color of the macule is a bright red, closely bordering upon the scarlet and suggesting an acute inflammatory process. In a short time, varying from forty-eight hours to three or four days, the character of the lesion changes. It becomes yellow in color, painful to the touch, and itches more. If a hair be extracted or the epidermis be punctured a drop of pus exudes. It has become distinctly pustular. Scratching opens the pustules easily and readily, and the contained pus is found to be of an auto-infectious character. If the patient scratches the affected, and then the unaffected parts, the latter become infected and the seat of a similar process.

The portions most often affected are the anterior surface of the thigh, of the leg, the chest, the axilla, and the dorsum of the hand. In the majority of the cases it is upon the anterior surface of the thigh that the disease is first observed, consisting of a few macules. The eruption becomes rapidly disseminated and it may be found upon any portion of the integument which is supplied with coarse lanugo hairs. While I have observed it in all such localities, I have also noticed it in the axilla and upon the chest, regions supplied with coarse hairs; but never upon the scalp, face or pubis. However, it would require for the observations to confirm the fact, if it be one, that these regions are exempt.

As the lesions become more numerous the itching increases, as also the pain. This latter becomes so great, at times, that I have seen it confine a patient to his bed, he being utterly unable to walk on account of it.

A curious condition which I have also noted is that all the patients whom I have seen affected with this trouble were males and adults. Children and females do not seem to contract the disease, in my experience.

Before proceeding any further, I desire to give a short history of a few cases, illustrating different forms of the disease:

CASE I.—John B., a laborer, aged 48, applied for treatment for a pustular eruption upon his right hand. The dorsum, near the thumb and extending to the wrist, was involved, the entire area being about two by two-and-a-half inches. In this space each hair forced a small collection of pus, the size of a small lentil. There was no elevation of the lesions present.

Œdema of a rather marked character involved the entire dorsum of the hand. The trouble had lasted two weeks and had gradually spread to the size it had when observed. Pain was quite marked, and the itching not so much that it could not be allayed without much difficulty. The patient's habits of cleanliness were fair, and no history of a particular irritant coming in contact with the hand could be made out. The man was still engaged at work but it caused him increased pain.

CASE II.—M. S., aged twenty-eight; commercial traveller. In this case the patient was provided with a strong growth of hair upon the chest and thighs. He complained that for nearly a month he was troubled with marked itching of the anterior portion of the chest, and of the axillæ. Upon examining him but few pustules were found, some existing in each one of the portions complained of as pruritic. There was no particular pain present. The progress of the trouble had been gradual and slow, having begun upon the thighs. The entire process seemed to be rather benignant in nature, and occasioned but little discomfort beyond the itching, which became intense at times. The rapid amelioration and disappearance of the trouble were confirmatory proofs of its benign nature. One point, which must not be forgotten, was the scrupulous cleanliness of the patient. This may have had some influence upon the spread of the disease, retarding it to some degree, and making its intensity considerably less than it otherwise might have been.

CASE III.—G. S., an employé in a city institution, 47 years of age, applied for the relief of what he had been told was "blood-poisoning." The eruption in this case was interesting from the fact that in addition to the lesions of the disease, there was marked erythema of the integument. The lesions consisted of a number of small, bright red macules, throughout which were flat, pin-head sized pustules, each one of which was traversed by a hair. The itching was marked, the pain being of a rather acute character, and attended with periodical exacerbations. The locality implicated was the anterior surface of each thigh. The diffuse redness or erythema had a rather dark tinge, as if it had existed for some time, so that the macules of the cutaneous trouble stood out in

a well-marked manner. The erythema was, without doubt, the result of irritant applications which had been made to the surface, the nature of which was entirely unknown to the patient. The fact that the erythema came on after their use and disappeared upon discontinuing them, would lead to the inference that the reddening was produced factitiously and did not constitute a variation in the original process.

CASE IV.—This case occurred in a young man of 35, of good physique, with a well-developed pilous system. His general health is good. He is swarthy in complexion, and well designed, apparently, to resist any parasite invasion, and yet he presented the most severe case of the trouble that I ever saw. Dr. A. C. Robinson, of this city, requested me to call on the patient, whom I found in a pitiable condition. His left leg, from the ankle up to the groin, was one mass of pustules, each one traversed by a hair. The size of these lesions varied from a pin's head, to a gold quarter dollar. They were all flat and the intervening portions of integument had taken in a bright red color, this being due to the high grade of inflammation which was present. The interior and a portion of the lateral aspects of the thigh and leg were the portions implicated. The right leg was also the seat of the trouble as well as the thigh but to a lesser degree. His right fore arm, right axilla, and right side of the chest were quickly implicated, the left arm being free and the left side of the chest having but a dozen lesions at the most. The itching was of a pronounced type and the pain in the left leg so intense that the patient could neither bend it or support his weight upon it. It was tender in the extreme; and the pain was such at the time I saw him, that he had passed several sleepless nights. In addition to this there was loss of appetite and considerable depression.

The cases I have rapidly sketched represent types of this affection, which seems to be, clinically, a sycosiform disease, and, like certain forms of sycosis, dependent upon microorganisms. The chief characteristics to be noticed are that the lesions rapidly become pustular, a well marked amount of pus being present in each. The preliminary redness which exists shows that the trouble is not so very rapid, as the erythema may exist several days before any puriform condition is estab-

lished. The pus collects around a hair and does not elevate the upper layers of the epidermis, but has a tendency to spread laterally. That it is a perifolliculitis, is evidenced by the fact that hairs which are extracted do not show any structural changes; and, after the process ceases, they have the same appearance that they had before.

Another peculiarity of the affection is that it generally begins upon the anterior surface of the thigh and is found there in almost every case. Case I, given above, is the only exception which I have seen.

The subjective symptoms are mild or severe in direct ratio to the severity of the disease. If the process be severe we have added to the pruritis a new element, that of pain, which may become exceedingly intense as in Case IV. As a rule, it is the itching that is constantly present.

The parasitic nature of the trouble is established beyond doubt in my mind, although I have had no opportunity of studying the microorganisms in this disease, nor even of verifying their existence by means of cultivations and inoculations, a task which I propose to accomplish ere long. My reasons are purely clinical in character, but they are sufficiently strong to make the basis of a good argument. In the first place, the auto-infection which takes place is undoubted. In Case IV, for instance, the disease was well established upon the left leg before it appeared in any other locality. The patient used his left hand principally to scratch with and thus infected his right leg, right forearm, axilla and chest. In other cases which I have seen, patients stated that they had scratched certain parts without any apparent reason, and these soon became infected. The infection, however, did not spread beyond the area which was scratched, and this is further proof of the manner in which the infection took place.

That the process is a superficial one is shown by the appearance of the lesions, and by the rapidity with which they yield to treatment rationally applied; that the cause is a micro-organism goes without saying; and, judging by analogy, as exemplified in sycosis, by Unna, the special microorganism should certainly be a bacillus. Bacilli, in sycosiform affections, have a tendency to act superficially, the deeper involve

ments being caused by pyogenic micrococci. The absence of any marked implication of the hairs as well as the healthy condition of their bulb, points certainly to a superficial action. Bacteriological investigations, of course, will alone determine this point with sufficient accuracy to be satisfactory and positive.

The treatment of this affection has been simple and eminently successful. Of course, the first thing to do is to get rid of the pus, then prevent further suppuration, and finally encourage as rapid a *restitutio ad integrum* as possible. In order to obtain these results I have adopted the following method of procedure: To get rid of the pus, the best method is to puncture each pustule. Epilating will accomplish the same result, but it is too painful. As the hair bulb is not diseased, the pulling out is attended with pain, and when we have superadded to this the inflammatory condition of the parts, it can be easily understood that patients will protest vigorously against such a method. So that, under the circumstances, the evacuation of the pus can be affected in a better way by opening each pustule with small, sharp knife.

In order to accomplish the other two objects, parasiticides are necessary, and a number of methods may be employed. It would be difficult for me to state which one of those I have employed is the preferable, all having acted rapidly and satisfactorily. Not having a sufficient number of similar cases at any one time, comparative tests were out of the question. The methods I employed were few in number, and I restricted myself to their use, hesitating to enter into a *terra incognita* when I was certain of having a firm foothold upon which I could depend. Altogether, I rely upon three methods, each one of which is as good as the other so far as I know. There may be others which are superior, but the principle remains the same, the particular application depending, in a great measure, upon the individual.

One method which is very simple is to order the application of campho-phenique to every portion of the affected surface. The pus, as in every method, should have been previously evacuated as stated above. The surface should be kept

continuously moistened with the remedy, and a rapid result is obtained.

A second method is to wash the affected parts twice daily with a 1-500 bichloride solution, taking care not to do more than dampen the skin with the solution. A thin layer of an ointment composed of aristol, one part, and *fresh* unguentum aquæ rosæ or unguentum pomadinum, is applied immediately after each washing.

A third method is to employ a 1-500 bichloride solution as above, and a bichloride ointment of the same strength. This method is more particularly applicable to small, limited areas as in Case I. If applied to large areas there might be some danger of producing toxic effects.

I have never tried pyoctanin, for the reason that it stains in such a marked manner that patients positively refuse to employ it.

All the different methods of treatment, which have been mentioned, were successful, not only in arresting the disease, but also in bringing about a rapid return to the normal. The applications were all made as thoroughly as possible, and the utility of this procedure was demonstrated by the absence of any relapses. In view of this fact, it is not positive whether the disease is prone to relapses or not. Yet, considering the manner in which it progresses, the high degree of infectiousness possessed by it, and its restriction by anti-parasitic measures, it seems reasonable to conclude that under insufficient treatment relapses would occur.

